

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan GOLDEN STATE ORTHOPEDICS & SPINE PROFIT SHARING 401(K) PLAN	1b	Three-digit plan number (PN) ▶ 002
		1c	Effective date of plan 03/01/2001
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GOLDEN STATE ORTHOPEDICS & SPINE 2625 SHADELANDS DRIVE WALNUT CREEK, CA 94598	2b	Employer Identification Number (EIN) 94-3375456
		2c	Plan Sponsor's telephone number 925-939-8585
		2d	Business code (see instructions) 621111

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/17/2024	JEFFREY KANEL, M.D.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name MUIR ORTHOPAEDIC SPECIALISTS MEDICAL GROUP, INC. c Plan Name MUIR ORTHOPAEDIC SPECIALISTS MED GRP INC PS 401K PLAN #002	4b EIN 94-3375456 4d PN 002
5 Total number of participants at the beginning of the plan year	5 569
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 323 6a(2) 333 6b 14 6c 239 6d 586 6e 1 6f 587 6g 587 6h 80
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2R 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan GOLDEN STATE ORTHOPEDICS & SPINE PROFIT SHARING 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 GOLDEN STATE ORTHOPEDICS & SPINE	D Employer Identification Number (EIN) 94-3375456	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CAPITAL PERFORMANCE ADVISOR

165 LENNON LANE, SUITE 200
WALNUT CREEK, CA 94598

20-0547803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 51	INVESTMENT ADVISOR	151079	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

FIRST REPUBLIC SECURITIES CO. LLC

111 PINE STREET
SAN FRANCISCO, CA 94111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 51	INVESTMENT ADVISOR	36354	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

PILLAR WEALTH MGMT LLC

1255 TREAT BLVD, STE 300
WALNUT CREEK, CA 94597

26-2819598

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 51	INVESTMENT ADVISOR	29558	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

THE VANGUARD GROUP, INC.

P.O. BOX 982902
EL PASO, TX 79998-2902

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 64	RECORDKEEPING	23234	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

LEDGEWOOD WEALTH ADVISORS

92 PORTSMOUTH AVE, STE 15
EXETER, NH 03833-2146

22-3696582

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 51	INVESTMENT ADVISOR	17898	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

PENSIONONE ADVISORS, INC.

165 LENNON LANE, STE 200
WALNUT CREEK, CA 94598

20-1407640

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 17	PLAN ADMINISTRATION	16686	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>GOLDEN STATE ORTHOPEDICS & SPINE PROFIT SHARING 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GOLDEN STATE ORTHOPEDICS & SPINE</u>	D Employer Identification Number (EIN) <u>94-3375456</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	22374025518
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	15633522690251
(2) Participant contributions.....		1b(2)	0100730
(3) Other.....		1b(3)	018036530
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	10439471288381
(2) U.S. Government securities		1c(2)	00
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	00
(B) All other		1c(3)(B)	15363301452142
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	233655130913
(B) Common.....		1c(4)(B)	36453762487266
(5) Partnership/joint venture interests		1c(5)	5348991087215
(6) Real estate (other than employer real property)		1c(6)	00
(7) Loans (other than to participants).....		1c(7)	00
(8) Participant loans.....		1c(8)	227064282897
(9) Value of interest in common/collective trusts.....		1c(9)	00
(10) Value of interest in pooled separate accounts		1c(10)	00
(11) Value of interest in master trust investment accounts.....		1c(11)	00
(12) Value of interest in 103-12 investment entities		1c(12)	00
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	5677494447401105
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	00
(15) Other		1c(15)	19034550494

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	65785210	79533442

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	16315	13364
k Total liabilities (add all amounts in lines 1g through 1j)	1k	16315	13364

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	65768895	79520078
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	2690251	
(B) Participants.....	2a(1)(B)	2205045	
(C) Others (including rollovers).....	2a(1)(C)	2640814	
(2) Noncash contributions.....	2a(2)	0	7536110
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	4919	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	36832	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	13321	
(F) Other.....	2b(1)(F)	255	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		55327
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	46938	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1884197	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1931135
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	46680	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	552316	
(B) Other.....	2b(5)(B)	-4237533	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-7558235
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		-1674200
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2338039	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2338039
f Corrective distributions (see instructions)	2f		9418
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	10400	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	310367	
(4) Other	2i(4)	7369	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		328136
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2675593
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-4349793
l Transfers of assets:			
(1) To this plan	2l(1)		18100976
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: FRANK, RIMERMAN + CO, LLP

(2) EIN: 94-1341042

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a	X		447802

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1087215
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		1087215
4g	X		1087215
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan GOLDEN STATE ORTHOPEDICS & SPINE PROFIT SHARING 401(K) PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 GOLDEN STATE ORTHOPEDICS & SPINE		D Employer Identification Number (EIN) 94-3375456
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 45-0404698 68-0469736 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
	a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
	b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
	c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
	b The corresponding number for the second preceding plan year.....	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____



**Golden State Orthopedics & Spine Profit
Sharing 401(k) Plan**

**Financial Statements and
Supplemental Schedules with
Independent Auditors' Report**

December 31, 2022 and 2021 (compiled)

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Plan Administrator
Golden State Orthopedics & Spine Profit Sharing 401(k) Plan
Walnut Creek, California

INDEPENDENT AUDITORS' REPORT



Certified
Public
Accountants

Opinion

We have audited the financial statements of the Golden State Orthopedics & Spine Profit Sharing 401(k) Plan (formerly Muir Orthopaedic Specialists Medical Group, Inc. Profit Sharing 401(k) Plan #002) (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2022, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2022, and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America (GAAP).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments, administering the Plan, and determining the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to the participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Other Matter - Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed the accompanying table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Compiled Financial Statement

Plan management is responsible for the accompanying statement of net assets available for benefits as of December 31, 2021 in accordance with GAAP. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the financial statement nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the financial statement.

Frank, Rimmerman & Co. LLP

San Jose, California
December 6, 2023

Golden State Orthopedics & Spine Profit Sharing 401(k) Plan
Statements of Net Assets Available for Benefits

	December 31,	
	<u>2022</u>	<u>2021</u>
		(compiled)
Assets		
Investments, at fair value:		
Mutual funds	\$ 42,660,368	\$ 53,925,314
Exchange traded funds	4,740,737	586,695
Common stocks	3,939,408	5,181,706
Preferred stocks	130,913	233,655
Participant-managed retirement accounts	4,806,742	2,264,838
Investment in private real estate entity	1,087,215	534,899
Interest bearing cash and cash equivalents	<u>1,032,133</u>	<u>1,043,947</u>
Total investments	58,397,516	63,771,054
Contributions receivable:		
Participant	100,730	-
Employer	<u>2,690,251</u>	<u>1,563,352</u>
Total receivables	2,790,981	1,563,352
Notes receivable from participants	282,897	227,064
Transfer of Plan assets in-transit	18,036,530	-
Non-interest bearing cash	<u>25,518</u>	<u>223,740</u>
Total assets	79,533,442	65,785,210
Liabilities		
Accounts Payable	<u>13,364</u>	<u>16,315</u>
Net Assets Available for Benefits	<u>\$ 79,520,078</u>	<u>\$ 65,768,895</u>

See Notes to Financial Statements

Golden State Orthopedics & Spine Profit Sharing 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2022

Additions to Net Assets

Investment income (loss):

Net depreciation in fair value of investments \$ (11,196,772)

Interest and dividends 1,973,141

Net investment loss (9,223,631)

Interest on notes receivable from participants 13,321

Net loss (9,210,310)

Contributions:

Employer 2,690,251

Participant 2,205,045

Participant rollover 2,640,814

Total contributions 7,536,110

Total net additions (1,674,200)

Deductions from Net Assets

Benefits paid to participants 2,347,457

Administrative expenses 328,136

Total deductions 2,675,593

Transfer of Plan Assets from Another Employee Benefit Plan 18,100,976

Net Increase 13,751,183

Net Assets Available for Benefits

December 31, 2021 (compiled) 65,768,895

December 31, 2022 \$ 79,520,078

Golden State Orthopedics & Spine Profit Sharing 401(k) Plan

Notes to the Financial Statements

1. Description of the Plan

Muir Orthopedic Specialists Medical Group Inc. (the Company) established the Muir Orthopedic Specialists Medical Group, Inc. Profit Sharing 401(k) Plan #002, effective March 1, 2001, to provide participants with a means to fund their retirement on a tax-deferred basis. On January 1, 2022, the Plan formally changed its name to the Golden State Orthopedics & Spine Profit Sharing 401(k) Plan (the Plan). The following description of the Plan, as amended and restated January 1, 2022, provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan under Sections 401(a) and 401(k) and related provisions of the Internal Revenue Code (the Code) and applicable state laws. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Company is the Plan sponsor and Plan administrator. A Company employee serves as the Plan trustee. An administrative committee, consisting of Company employees, helps administer the Plan and is responsible for selecting investment options offered under the Plan and monitoring investment performance. The Vanguard Group, Inc. (Vanguard) is the Plan record keeper for the non-segregated investment accounts and has outsourced recordkeeping services for these accounts to Ascensus, LLC. Ascensus Trust Company, Charles Schwab Bank, Fidelity Brokerage Services LLC, First Republic Securities Company, LLC, Merrill Lynch, Pierce, Fenner & Smith Incorporated, Wells Fargo Clearing Services, LLC, TD Ameritrade Inc. and Pershing LLC are the Plan's investment custodians (the Custodians). The Custodians hold, invest, and reinvest Plan assets in the interest and at the direction of the participants and their beneficiaries. Thomas Doll provides investment management advisory services to the Plan and is the record keeper for the segregated investment accounts. The segregated investment accounts consist of mutual funds, exchange traded funds, common stocks, preferred stocks, interest bearing cash and cash equivalents and non-interest bearing cash held in various individual accounts held at brokerage firms and financial institutions other than Ascensus Trust Company.

In November 2021, the Company merged with another entity, Webster Orthopaedic Medical Group APC (Webster). In 2022, the Webster employee benefit plan was merged into the Plan and participant account balances totaling \$18,100,976, including participant notes receivable of \$64,446, were transferred from the Webster employee benefit plan to the Plan. Due to the timing of the transfer, funds totaling \$18,036,530 were in-transit as of December 31, 2022. These funds were transferred into participant directed investments in 2023.

Golden State Orthopedics & Spine Profit Sharing 401(k) Plan

Notes to the Financial Statements

1. Description of the Plan (continued)

Eligible Participants:

Employees, as defined by the Plan agreement, aged 21 and older, are eligible to participate in the Plan after one year of service in which they work 1,000 hours. Plan entry dates are the first day of January and July.

Contributions:

Participants may make contributions to the Plan through pre-tax salary reductions up to 100% of annual compensation, as defined by the Plan agreement. Participants who have reached the age of 50 may also elect to withhold additional catch-up contributions under the Code. Participants may also contribute amounts representing distributions from other qualified defined contribution or defined benefit plans (rollovers), subject to Code regulations.

The Plan requires safe harbor non-elective contributions of at least 3% of eligible annual compensation. The Company may also make discretionary non-elective and matching contributions. In 2022, the Company made safe harbor non-elective contributions and discretionary non-elective contributions totaling \$2,690,251, which were recorded as an employer contribution receivable as of December 31, 2022. The discretionary non-elective contributions were between 2% of eligible compensation and the maximum amount allowed under the Code. The Company did not make any matching contributions to the Plan in 2022. The employer contribution receivable as of December 31, 2021 was the total Company contributions to the Plan in 2021.

Contributions are subject to certain limitations under the Code.

Participant Accounts:

Participant accounts are credited with participant contributions, rollovers, and an allocation of Plan earnings or losses. Allocations are based on participant earnings or account balances, in accordance with the Plan agreement. The benefit to which participants are entitled is the benefit that can be provided from the participant accounts.

Participants may elect to invest their accounts in a variety of participant-directed investment options offered by the Plan that are designed to provide the participants with a wide range of investment options. Participants may authorize transfers among investment options at any time.

The investment in the private real estate entity is non-participant directed and is closed to additional participant contributions.

Golden State Orthopedics & Spine Profit Sharing 401(k) Plan

Notes to the Financial Statements

1. Description of the Plan (continued)

Vesting:

Participants are immediately vested in their contributions, plus actual earnings (less any losses) thereon. Participants are also immediately vested in Company safe harbor matching and safe harbor non-elective contributions. Vesting of Company discretionary matching and discretionary non-elective contributions vest 20% after two years and 20% and are fully vested after six years of service. Participants become fully vested in Company discretionary contributions upon death, disability or upon reaching early retirement age.

Forfeitures:

Terminated participant non-vested account balances are forfeited upon the earlier of the payment of vested benefits or the last day of the Plan year in which the participants incur five consecutive one-year breaks in service. Forfeitures can first be used to restore previously forfeited accounts, then to reduce Company contributions, then to pay Plan administrative expenses. The Plan had \$65,530 of forfeitures available for future use as of December 31, 2022 (\$73,154 as of December 31, 2021). Forfeitures of \$19,986 were used to pay Plan expenses in 2022.

Notes Receivable from Participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant notes are reclassified as distributions based upon the terms of the Plan agreement.

Participants may borrow up to one-half of their vested account balance, a minimum of \$1,000 and not to exceed \$50,000, for a period not to exceed five years, except for notes used to purchase a primary residence for which a longer term may be granted. Participants may have two notes outstanding. Participant notes are evidenced by a written note, secured by the vested balance in the participant account, and bear interest at the Federal prime rate plus 2%. The interest rates on notes outstanding as of December 31, 2022 range from 4.25% to 10.00%. Repayment of principal and interest is generally made through payroll deductions.

Payment of Benefits:

Upon termination of service, participants may elect to leave their account balance in the Plan or receive their benefits in a lump sum amount equal to the value of the participant's interest in their account, or in partial payments. Accounts between \$201 and \$5,000 may be automatically distributed to individual retirement accounts on behalf of the participants without participant approval. Accounts with a balance of \$200 or less may be distributed directly to participants without participant approval. Benefits are recorded when paid.

Golden State Orthopedics & Spine Profit Sharing 401(k) Plan

Notes to the Financial Statements

1. Description of the Plan (continued)

Plan Expenses:

Plan investment fund options are subject to investment fees based on a percentage of invested assets, as disclosed in the fund's prospectus. These fees are charged directly against the fund's investment performance and, thus, are not separately disclosed in the financial statements. Certain expenses may be charged to the Plan and allocated to participant accounts. All other administrative expenses related to the Plan are paid by the Company and are not reflected in the Plan's financial statements.

Risks and Uncertainties:

Participants may invest their account balances in a variety of investment options offered by the Plan. Investments are exposed to various risks, such as interest rate, market fluctuation and credit risks. Due to the level of risk associated with certain investment options offered by the Plan, it is at least reasonably possible changes in risk in the near term could materially affect participant account balances and the amounts reported in the statement of net assets available for benefits.

Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions and to terminate the Plan, at any time, subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in their accounts and distributions would be made to participants, as described in the Plan agreement.

2. Summary of Significant Accounting Policies

Basis of Accounting:

The Plan's financial statements are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates:

The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Golden State Orthopedics & Spine Profit Sharing 401(k) Plan

Notes to the Financial Statements

2. Summary of Significant Accounting Policies (continued)

Investments:

Investments are reported at fair value and consist of the following:

Mutual Funds and Exchange Traded Funds: These funds are reported at fair value, which is the net asset value (NAV) of shares held by the Plan at year end, as quoted in active markets. It is not probable the funds will be sold at amounts that differ materially from the NAV of shares held.

Participant-Managed Retirement Accounts: The participant-managed brokerage retirement accounts may consist of shares in various interest-bearing cash accounts, mutual funds, money market funds, over-the-counter equity securities, bonds and other fixed-income securities that are valued based on quoted prices in active markets.

Common Stocks and Preferred Stocks: These shares are reported at fair value based on the closing price reported in an active market on which the securities are traded.

Interest Bearing Cash and Cash Equivalents: These investments include certificates of deposit, cash reserves, a savings account and an interest-bearing sweep account. These accounts are valued at cost plus any interest earned and reinvested.

Private Real Estate Entity: This investment is valued at estimated fair value based on the recent third-party appraisals of comparable properties.

Fair Value Measurement:

The Plan uses a three-level hierarchy for fair value measurement based on the nature of inputs used in the valuation of an asset or liability as of the measurement date. The three-level hierarchy prioritizes within the measurement of fair value, the use of market-based information over entity-specific information. Fair value focuses on an exit price and is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. The inputs or methodology used for valuing financial instruments are not necessarily an indication of the risk associated with those instruments.

Golden State Orthopedics & Spine Profit Sharing 401(k) Plan

Notes to the Financial Statements

2. Summary of Significant Accounting Policies (continued)

Fair Value Measurement: (continued)

The three-level hierarchy for fair value measurement is defined as follows:

Level I: Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.

Level II: Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

Level III: Inputs to the valuation methodology, which are significant to the fair value measurement, are unobservable.

A financial instrument's categorization within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement.

Income Recognition:

Purchases and sales of investments are recorded on a trade date basis. Interest income is recorded on the accrual method of accounting. Dividends are recorded on the ex-dividend date. Net depreciation includes gains and losses on the Plan's investments bought, sold or held during the year.

3. Investments

The Plan's investments set forth by level within the fair value hierarchy as of December 31, 2022 are summarized as follows:

Investments	Level I	Level II	Level III	Total
Mutual funds	\$ 42,660,368	\$ -	\$ -	\$ 42,660,368
Exchange traded funds	4,740,737	-	-	4,740,737
Common stocks	3,939,408	-	-	3,939,408
Preferred stocks	130,913	-	-	130,913
Participant-managed retirement accounts	4,806,742	-	-	4,806,742
Investment in private real estate entity	-	-	1,087,215	1,087,215
Interest bearing cash and cash equivalents	1,032,133	-	-	1,032,133
Total investments	<u>\$ 57,310,301</u>	<u>\$ -</u>	<u>\$ 1,087,215</u>	<u>\$ 58,397,516</u>

Golden State Orthopedics & Spine Profit Sharing 401(k) Plan

Notes to the Financial Statements

3. Investments (continued)

The Plan's investments set forth by level within the fair value hierarchy as of December 31, 2021 are summarized as follows:

Investments	Level I	Level II	Level III	Total
Mutual funds	\$ 53,925,314	\$ -	\$ -	\$ 53,925,314
Exchange traded funds	586,695	-	-	586,695
Common stocks	5,181,706	-	-	5,181,706
Preferred stocks	233,655	-	-	233,655
Participant-managed retirement accounts	2,264,838	-	-	2,264,838
Investment in private real estate entity	-	-	534,899	534,899
Interest bearing cash and cash equivalents	1,043,947	-	-	1,043,947
Total investments	<u>\$ 63,236,155</u>	<u>\$ -</u>	<u>\$ 534,899</u>	<u>\$ 63,771,054</u>

4. Party-In-Interest Transactions

The Plan's non-interest bearing cash accounts are managed by the Custodians and consist of funds received but not yet used to purchase investments on behalf of the participants. Several of the Plan's investments are managed by the Custodians. Purchases and sales of these investments by the Plan qualify as party-in-interest transactions. Note receivable transactions with participants also qualify as party-in-interest transactions. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

5. Nonexempt Prohibited Transactions

In 2022, the Plan sponsor did not remit certain participant contributions and note repayments of \$447,802 timely, as required by the Department of Labor (DOL). The Plan sponsor intends to remit lost earnings to the Plan on behalf of the impacted participants in 2023 to correct the late remittances.

Golden State Orthopedics & Spine Profit Sharing 401(k) Plan

Notes to the Financial Statements

6. Income Tax Status

The Plan is a pre-approved plan offered by Thomas Doll, who has obtained an opinion letter dated June 30, 2020 from the Internal Revenue Service (IRS) stating the plan submitted for review was qualified under applicable provisions of the Code. The Plan and the Plan sponsor believe the Plan is being operated in compliance with the applicable requirements of the Code and related state statutes and is, therefore, qualified and the trust that forms a part of the Plan is exempt from federal and state income taxes.

GAAP requires Plan management to evaluate income tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain income tax position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded, as of December 31, 2022, there are no uncertain income tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is no longer subject to income tax examinations for years prior to 2019.

7. Subsequent Events

In January 2022, the Company merged with another entity, Webster OrthoNorCal, Inc. (OrthoNorCal). Effective November 1 2023, the employees of OrthoNorCal became eligible to contribute to the Plan. Assets from the OrthoNorcal benefit plan are expected to be transferred to the Plan before December 31, 2023.

Subsequent events have been evaluated through December 6, 2023, which is the date the financial statements were approved by the Plan sponsor and Plan administrator and available to be issued.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2022****This Form Is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

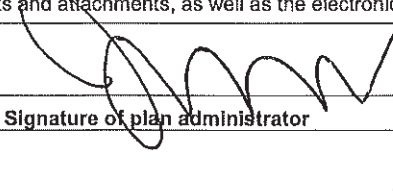
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶ ☐
- D** Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan GOLDEN STATE ORTHOPEDICS & SPINE PROFIT SHARING 401(K) PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 03/01/2001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GOLDEN STATE ORTHOPEDICS & SPINE 2625 SHADELANDS DRIVE WALNUT CREEK CA 94598	2b Employer Identification Number (EIN) 94-3375456 2c Plan Sponsor's telephone number 925-939-8585 2d Business code (see instructions) 621111

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		09/17/2024	Jeffrey Kanel, M.D.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name MUIR ORTHOPAEDIC SPECIALISTS MEDICAL GROUP, INC. c Plan Name MUIR ORTHOPAEDIC SPECIALISTS MED GRP INC PS 401K PLAN #002		4b EIN 94-3375456 4d PN 002	
5 Total number of participants at the beginning of the plan year		5	569
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	323
a(2) Total number of active participants at the end of the plan year		6a(2)	333
b Retired or separated participants receiving benefits		6b	14
c Other retired or separated participants entitled to future benefits		6c	239
d Subtotal. Add lines 6a(2), 6b, and 6c		6d	586
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	1
f Total. Add lines 6d and 6e		6f	587
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	587
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	80
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2R 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance	(1) ☐ Insurance		
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts		
(3) ☒ Trust	(3) ☒ Trust		
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor		
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1) ☐ R (Retirement Plan Information)	(1) ☒ H (Financial Information)		
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information - Small Plan)		
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☐ A (Insurance Information)		
	(4) ☒ C (Service Provider Information)		
	(5) ☐ D (DFE/Participating Plan Information)		
	(6) ☐ G (Financial Transaction Schedules)		

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See Instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See Instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

Golden State Orthopedics & Spine Profit Sharing 401(k) Plan
(Employer Identification Number 94-3375456)
(Plan Number 002)

Supplemental Schedule Accompanying Form 5500

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Year Ended December 31, 2022

<u>Total Constituting Nonexempt Prohibited Transactions</u>				
<u>Contributions and Loan Repayments Transferred Late to Plan</u>	<u>Contributions and Loan Repayments not Corrected</u>	<u>Contributions and Loan Repayments Corrected Outside VFCP</u>	<u>Contributions and Loan Repayments Pending Correction in VFCP</u>	<u>Total Fully Corrected under VFCP & PTE 2002-51</u>
\$ 447,802	\$ 447,802	\$ -	\$ -	\$ -

In 2022, participant contributions and loan repayments totaling \$447,802 were not remitted to the Plan in a timely manner as required by the Department of Labor. In 2023, the Plan sponsor intends to remit an amount representing lost earnings on all late remittances that would have been earned had these contributions been remitted timely.

Golden State Orthopedics & Spine Profit Sharing 401(k) Plan
(Employer Identification Number 94-3375456)
(Plan Number 002)
Supplemental Schedule Accompanying Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party (c) Description of investment including maturity date rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	Cash and Cash Equivalents		
	Synchrony Bank Certificate of Deposit	**	\$ 72,146
	Goldman Sachs Bk Usa New York Cd	**	69,167
	Savings Account	**	488,227
*	Fidelity Government Cash Reserves Money Market Fund	**	138,115
*	Bank Sweep For Benefit Plans Charles Schwab Bank	**	264,478
	Self-Directed Brokerage Accounts		
*	VMS Ameritrade Self-Directed Investment Fund ***	**	4,550,494
*	Vms Ameritrade Self-Direct Cash Fund	**	256,248
	Mutual Funds	**	
*	Vanguard Target Retirement 2035 Fund	**	6,481,521
*	Vanguard Target Retirement 2040 Fund	**	4,894,280
*	Vanguard Target Retirement 2030 Fund	**	3,194,739
*	Vanguard Target Retirement 2025 Fund	**	2,800,294
*	Vanguard Target Retirement 2045 Fund	**	2,017,263
*	Vanguard Target Retirement 2050 Fund	**	1,860,821
*	Vanguard Target Retirement 2020 Fund	**	1,840,856
	Dfa Us Core Equity 2	**	1,830,775
*	Fidelity Total Market Index Fund	**	1,079,990
	Dfa Five-Year Global Fixed-Income I	**	835,958
	Bridgeway Omni Small-Cap Value N	**	792,961
	Dfa International Small Cap Value I	**	783,891
	Dfa U.S. Core Equity 1 Portfolio Institutional Class	**	764,102
	Dfa International Core Equity I	**	725,921
	Dfa Us Large Cap Value Iii	**	647,163
	Dfa Us Targeted Value I	**	579,242
	Dfa International Value Iii	**	556,751
*	Vanguard Target Retirement 2055 Fund	**	503,843
*	Vanguard 500 Index Admiral Shares	**	445,962
*	Vanguard Developed Markets Index Admiral Shares	**	428,079
	Stone Ridge Tr Valt Lendg Prem	**	424,362
	Cliffwater Corporate Lending Fund Class 1	**	387,498
*	Fidelity Intermediate Treasury Bond Index Fund	**	384,367
	American Growth Fund Of America Class F3	**	350,622
	Blackrock Global Allocation Fund Class K	**	348,742
	Dimensional Fund Advisors Us Core Eqty 2 Inst	**	331,524
	Stone Ridge Trust Valt Lending Premium Fund	**	317,347
*	Vanguard Interm-Term Bond Index Adm	**	284,000
	Dfa U.S. Targeted Value Portfolio I	**	255,524

(continued)

Golden State Orthopedics & Spine Profit Sharing 401(k) Plan
(Employer Identification Number 94-3375456)
(Plan Number 002)
Supplemental Schedule Accompanying Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party (c) Description of investment including maturity date rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	Mutual Funds (continued)		
	Dfa Short-Term Extended Quality Portfolio Institutional Class	**	234,440
	Stone Ridge Trust V Alt Lending Risk Premium I	**	223,463
	Stone Ridge Tr Ii Rns Rsk Pr Int	**	218,668
	Stone Ridge Diversified Alternatives I	**	205,444
	Dfa Emerging Markets Core Equity I	**	199,677
	Dimensional Fund Advisors Us Tgtd Value Inst	**	198,989
*	Fidelity Emerging Markets Index Fund	**	197,645
	Stone Ridge Diversified Alternatives Fund I	**	194,712
*	Vanguard Target Retirement 2060 Fund	**	179,934
	Pax Sustainable Allocation Inv	**	175,404
	The Merger Fund Class I	**	171,414
	Dfa Us Micro Cap I	**	168,000
	Dfa Inflation-Protected Securities Portfolio Institutional Class	**	167,703
	Invesco Qqq Trunit Ser I	**	149,916
	Blackrock Large-Cap Focus Value Income Fund Class K	**	145,457
	Dimensional Fund Advisors Us Lg Cap Value Inst	**	129,966
	Dimensional Fund Advisors Five-Year Global Fixed Inc I	**	129,378
*	Vanguard Intmd Term Bond Index Admiral	**	122,517
	Stone Ridge Trust Ii Renaissance Risk Premium Interval Fund	**	114,781
	Vericimetry Us Small Cap Value	**	112,660
	Fpa Crescent Fund	**	106,151
	Stone Ridge Trust Diversified Alts I	**	104,805
	Dodge & Cox Stock Fund Class 1	**	101,841
	Cliffwater Llc Enhanced Lending I	**	101,107
	T. Rowe Price Institutional Floating Rate Fund Institutional Class	**	100,353
	Dimensional Fund Advisors Intl Sm Cap Value Inst	**	97,053
	Goldman Sachs Mid-Cap Growth Fund Institutional Class	**	95,881
	Dimensional Fund Advisors Intl Value Port Iii Inst	**	91,888
	Dimensional Fund Advisors Intl Core Eqty Inst	**	90,820
	Blackrock Floating Rate Income Portfolio Class K	**	90,454
	Dfa Two-Year Global Fixed-Income I	**	86,545
	Dfa Us Small Cap Portfolio I	**	84,719
	Jpmorgan Strategic Income Opportunities Fund Class R6	**	81,327
*	Vanguard Real Estate Index Admiral	**	68,446
*	Vanguard Federal Money Market Investor Shares	**	67,283
	Invesco Developing Markets Fund Class Y	**	65,058
	American Europacific Growth Fund Class F3	**	58,317
	Brandywineglobal Flexible Bond Fund Class I	**	58,131

(continued)

Golden State Orthopedics & Spine Profit Sharing 401(k) Plan
(Employer Identification Number 94-3375456)
(Plan Number 002)
Supplemental Schedule Accompanying Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party (c) Description of investment including maturity date rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	Mutual Funds (continued)		
*	Fidelity Small Cap Index Fund	**	57,603
*	Vanguard Real Estate Index Admiral Shares	**	55,625
	Dimensional Fund Advisors Us Micro Cap Inst	**	49,429
	American Express Company	**	49,053
	Franklin Dynatech Fund Advisor Class	**	46,977
	Ishares U.S. Oil&Gas Exploration And Production	**	46,430
	T. Rowe Price Blue Chip Growth Fund	**	46,368
	Gs Fsq Government Instl Class Money Market Fund	**	45,205
	Goldman Sachs Mid-Cap Value Fund Institutional Class	**	41,835
	Invesco Tr S&P 500 Equal Weight	**	41,810
	Calvert International Responsible Index Fund I	**	41,308
	Janus Henderson Funds Global Life Sciences Fd Class I	**	40,410
	Dimensional Fund Advisors Emrg Mkts Core Eqty Inst	**	40,037
*	Fidelity Advisor International Growth Fund Class I	**	39,397
	Select Sector Spdr Tr Technology	**	35,963
	First Trust Material Alphasdex Fund	**	35,082
	Virtus Kar Small-Cap Value Fund Class I	**	34,506
	First Trust Nasdaq 100 Ex-Technology Sector Index Fund	**	34,425
	First Trust Financial Alphasdex Fund	**	34,365
	First Trust Utilities Alphasdex Fund	**	34,206
	First Trust Consumer Staples Alphasdex Fund	**	34,021
	Spdr Gold Trust Gold Shares	**	33,928
	First Trust Industrials/Producer Durables Alphasdex Fund	**	33,894
	Templeton Developing Markets Trust Fund Advisor Class	**	32,621
	Ishares U.S. Oil Equipment & Services	**	31,800
	First Trust S&P Reit Index Fund	**	29,951
	Doubleline Total Return Bond Fund Class I	**	22,631
	Angel Oak Multi-Strategy Income Fund Institutional Class	**	22,237
	Van Eck International Investors Gold Fund Class I	**	21,876
	Dfa Emerging Markets Social Core Equity I	**	20,857
	Select Sector Spdr Tr Health Care	**	19,970
	Fuller & Thaler Behavioral Small-Cap Equity Fund Institutional Class	**	19,572
	Federated Hermes Govt Oblig Ss	**	18,100
	Dfa U.S. Social Core Equity 2 Portfolio I	**	16,493
	Pmf Tei Fund, Lp	**	16,311
	Select Sector Spor Tr Health Care	**	14,128
	Janus Henderson Research	**	14,121
	Invesco High Yield Equity Divid Achievers	**	13,552

(continued)

Golden State Orthopedics & Spine Profit Sharing 401(k) Plan
(Employer Identification Number 94-3375456)
(Plan Number 002)
Supplemental Schedule Accompanying Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party (c) Description of investment including maturity date rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	Mutual Funds (continued)		
	Janus Henderson Global Research	**	13,459
	Invesco Tr Ii S&P 500 High Dividend Low Volatility	**	13,456
	American Century Equity Growth Investor	**	13,118
	Mfs Mid-Cap Growth Fund Class I	**	12,258
*	Vanguard Target Retirement 2065 Fund	**	10,114
*	Fidelity U.S. Bond Index Fund	**	8,305
	American Tower Corp Reit	**	4,237
	Blackrock Inc	**	3,543
*	Vanguard Target Retirement Income Fund	**	2,205
	Rmr Group Inc Cl A	**	339
	Dfa Social Fixed Income Portfolio Institutional Class	**	105
	Nexpoint Merger Arbitrage Fund Class Z	**	174,387
	Exchange Traded Funds		
*	Vanguard Index Fds Vanguard Total Stk Mkt Etf	**	2,867,659
	Ishares Msci Eafe Etf	**	507,922
	Ishares Tr Core S&P 500 Etf	**	290,847
	Dimensional Etf Trust International Core Etf	**	97,656
	American Centy Etf Tr Avantis U S Small Cap Value Etf	**	74,510
	Spdr Ser Tr S&P 500 Value Etf	**	72,297
	Ishares Tr Short Treas Bd Etf	**	58,258
	Ishares Tr 1-3 Yr Treas Bd Etf	**	58,199
	Ishares Inc Msci Japan Etf New	**	54,440
	Spdr Ser Tr S&P 500 Growth Etf	**	53,710
	Ishares Tr Russell 2000 Etf	**	50,616
	First Tr Enhanced Etf Short Maturity	**	50,524
	First Trst Hlth Careetf Alphadex Fund	**	43,492
	Vaneck Etf Trust Semiconductor Etf	**	40,588
	First Trust Nasdaq Clean Edge Green Energy Index Fund Etf	**	37,752
*	Vanguard Index Fds Vanguard Mid-Cap Etf	**	36,686
	Ishares Tr S&P 100 Etf	**	35,820
	Etf Managers Tr Etfmg Prime Cyber Sec Etf	**	35,240
	First Tr Exchange Nasdaq Food & Beverage	**	35,138
	Ishares Tr Russell 2000 Growth Etf	**	32,178
	Spor Ser Tr S&P 500 Value Etf	**	30,101
*	Vanguard Whitehall Fds High Dividend Yield Etf Shs	**	25,862
	American Centy Etf Tr Avantis U S Large Cap Value Etf	**	25,095
	Dimensional Etf Trust Emerging Markets Core Etf	**	20,604
	First Tr Nasdaq Cybersecurity	**	19,355

(continued)

Golden State Orthopedics & Spine Profit Sharing 401(k) Plan
(Employer Identification Number 94-3375456)
(Plan Number 002)
Supplemental Schedule Accompanying Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party (c) Description of investment including maturity date rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	Exchange Traded Funds		
	Ishares Global Reit Etf	**	15,965
	Ishares Tr Biotechnology Etf	**	13,392
	Global X Funds Robotics & Artificial Intelligence Etf	**	12,330
	First Trust Cloud Computing Etf	**	5,761
	Global X Fds U S Pfd Etf	**	38,740
	Common Stocks		
	Dell Intl LI C / Emc Corp First Lien Nt	**	131,483
	Citigroup Inc Dep Shs Repstg V25Th Pfd Stk Ser	**	85,250
	Abbvie Inc Fxd Rt Sr Nt	**	79,195
	Goldman Sachs Fsq Tr Obl Cms	**	56,599
	Biogen Inc Fxd Rt Sr Nt	**	29,188
	Laboratory Corp Amer Hldgs Fxd Rt Sr Nt	**	29,056
	Public Svc Enterprise Group Inc Sr Nt	**	28,983
	Apple Inc	**	286,106
	Conocophillips	**	263,253
	Berkshire Hathaway Class B	**	200,785
	Microsoft Corporation	**	165,236
	Bank Amer Corp Com	**	152,634
	Amazon Com Inc	**	126,000
*	First Republic Bank San Francisco Calif New Com	**	121,890
	Exxon Mobil Corp Com	**	110,300
	Mastercard Inc Cl A	**	109,535
	Lilly Eli & Co Com	**	104,996
	Meta Platforms Inc Cl A	**	96,152
	Merck & Co Inc New	**	88,760
	Alphabet Inc Non Voting Cap Stk Cl C	**	88,730
	Pnc Finl Svcs Group Inc	**	84,844
	Pfizer Inc	**	74,196
	JP Morgan Chase & Co.	**	72,012
	Bp Plc	**	69,414
	Visa Inc Class A	**	68,769
	Weitz Short Duration Income Fund Institutional Class	**	57,946
	Boeing Co	**	47,623
	Block Inc Cl A	**	37,704
	Realty Income Corp	**	36,155
	First Trust Water Fiw	**	34,601
	Smith & Nephew Plc Adr	**	26,890
	Chevron Corporation	**	26,744
	Enphase Energy Inc	**	26,496

(continued)

Golden State Orthopedics & Spine Profit Sharing 401(k) Plan
(Employer Identification Number 94-3375456)
(Plan Number 002)
Supplemental Schedule Accompanying Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party (c) Description of investment including maturity date rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	Common Stocks (continued)		
	Zimmer Biomet Holdings Inc	**	25,500
	Vmware Inc Class A	**	24,552
	Stryker Corp	**	24,449
	Canadian Natl Ry Co	**	23,776
	At&T Inc Com	**	23,473
	Globe Life Inc Com	**	22,784
	Totalenergies Se Spons Adr	**	22,535
	General Dynamics Corp Com	**	21,586
	Honeywell International Inc	**	21,430
	Ingredion Inc Com	**	20,663
	Travelers Cos Inc Com	**	20,061
	Walt Disney Co	**	19,982
	Amerisourcebergen Corp Com	**	19,388
	Intel Corporation	**	18,950
*	Wells Fargo & Co New Com	**	18,663
	Gsk Plc Sponsored Adr New	**	18,554
	Coterra Energy Inc Com	**	18,526
	Tesla Inc	**	18,477
	Williams Cos Inc Com	**	18,260
	Hartford Finl Svcs Group Inc Com	**	17,820
	Verizon Communications Inc Com	**	17,651
	Medtronic Plc	**	17,642
	Sanofi Spons Adr	**	17,144
	Us Bancorp Del Com New	**	15,830
*	Schwab Charles Corp New Com	**	15,070
	Unilever Plc Spon Adr New	**	13,595
	Fidelity Natl Information Svcs Inc Com	**	13,027
	Maiden Holdings Ltd Shs	**	12,660
	Johnson & Johnson	**	12,366
	United Parcel Service-B	**	12,343
	Ppg Inds Inc Com	**	12,323
	Agnc Invt Corp Com	**	12,203
	Global Pmts Inc Com	**	12,018
	Ford Motor Company	**	11,630
	Jones Lang Lasalle Inc Com	**	10,997
	Dollar Tree Inc Com	**	10,325
	Cisco Sys Inc Com	**	9,814
	Costco Whsl Corp New Com	**	9,587
	Shell Plc Sponsored Adr Repstg Ord Sh	**	9,568

(continued)

Golden State Orthopedics & Spine Profit Sharing 401(k) Plan
(Employer Identification Number 94-3375456)
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Supplemental Schedule Accompanying Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party (c) Description of investment including maturity date rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	Common Stocks (continued)		
	Empire St Rlty Tr Inc Cl A	**	9,382
	Fedex Corp Com	**	9,353
	Ppl Corp Com	**	9,175
	Honda Mtr Ltd Adr Representing 2 Ord Shs	**	8,230
	National Fuel Gas Co Com	**	7,976
	Chubb Ltd	**	7,942
	Mcdonalds Corp	**	7,906
	Barrick Gold Corp Com	**	7,851
	Walmart Inc	**	7,657
	Truist Finl Corp Com	**	7,573
	Gilead Sciences Inc	**	7,555
	Automatic Data Processing	**	7,166
	Abbott Laboratories	**	6,807
	Constellation Energy Corp Com	**	6,293
	Lowes Companies Inc	**	6,176
	Unitedhealth Group	**	5,832
	Oshkosh Corp Com	**	5,732
	Illinois Tool Works Inc	**	5,728
	Emerson Electric Co	**	5,668
	Paychex Inc	**	5,547
	Aflac Inc	**	5,467
	Pepsico Incorporated	**	5,420
	Analog Devices Inc	**	5,413
	Haleon Plc Adr	**	5,280
	Nextera Energy Inc	**	5,267
	Sysco Corporation	**	5,199
	Colgate-Palmolive Co	**	5,121
	Phillips 66	**	5,100
	International Seaways Inc Com	**	4,998
	Norfolk Southern Corp	**	4,928
	Capital Product Partners Lp Units	**	4,873
	Becton Dickinson & Co	**	4,832
	Factset Research Systems Inc	**	4,815
	Kellogg Company	**	4,773
	Raytheon Technologies Corp	**	4,743
	Eversource Energy	**	4,695
	Procter & Gamble Co	**	4,395
	Southern Company	**	4,142
	Comcast Corp New Cl A	**	4,091

(continued)

Golden State Orthopedics & Spine Profit Sharing 401(k) Plan
(Employer Identification Number 94-3375456)
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Supplemental Schedule Accompanying Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party (c) Description of investment including maturity date rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
Common Stocks (continued)			
	Texas Instruments Inc	**	3,965
	Clorox Company	**	3,368
	3M Co	**	2,878
	Teva Pharmaceutical In F Sponsored Adr 1 Adr Reps 1 Ord Shs	**	2,736
	Office Pptys Income Tr Com Shs Ben Int	**	2,430
	Industrial Logistics Pptys Tr Com Shs Ben Int	**	1,148
	Viatis Inc	**	1,035
Preferred Stocks			
	Principal Spectrum Preferred And Capital Securities Income Fund Inst Class	**	94,123
	At&T Inc Dep Shs Repstg 1/1000Th Perp Pfd Ser A 5%	**	18,350
	Goldman Sachs Group Inc Dep Shs Repstg	**	18,440
	Private Real Estate Entity - 30% interest	191,982	1,087,215
	Participant loans - 34 loans outstanding with interest rates from 4.25% to 10.00%	-	282,897
	Total assets held at end of year		<u>\$ 58,680,413</u>

* An asterisk in column (a) denotes a transaction with a party-in-interest to the Plan.

** Cost information is not required as all investments are participant directed.

*** Consists of a variety of participant directed investments, the detail of which is not required to be reported.